

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD  
pm 7-17  
2008 JUL 21 AM 10:17

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect Robert E. Howard

**IMPORTANT:** Indicate by # type of committee you are reporting for: 1

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Robert E. Howard

Political Party (if applicable)

Republican

Office Sought

Iowa House

District (if Senate or House)

80

FORM  
**DR-2**

(Rev. 07/2007)

DISCLOSURE  
REPORT

For Office Use Only

Comm. #

1718

Logged In

Scanned

Computer

Audited

WKS

5-26-09

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

*James L. Bowman*  
SIGNATURE OF PERSON FILING REPORT

555-4677  
TELEPHONE

7-17-08  
DATE SIGNED

I AM FILING A May 27th to July 14, 2008

(report date)

REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR.

Indicate by # 1

☒ CHECK IF AMENDMENT TO REPORT DATED July 15th, 2008

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 7,032.69

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

3,420.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 10,452.69

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

1,946.64

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 8,506.05

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 400.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input checked="" type="checkbox"/> <b>CHECK THIS BOX IF</b> <b>AMENDING FORM</b>	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect Robert E. Howard

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
06-19-08	ID# CK#	U.S. Postmaster Muscatine, IA 52761	Six months box rental.	\$ 19.00
07-01-08	ID# CK#	O.P. Printing 2610 Park Ave. Muscatine, IA 52761	Printing of fundraising invitations.	48.90
07-01-08	ID# CK#	Robert E. Howard 802 Iowa Ave. Muscatine, IA 52761	Reimbursement for plastic bags and metal poles for signs.	615.02
07-03-08	ID# CK#	O.P. Printing 2610 Park Ave. Muscatine, IA 52761	Printing of political brochures.	1044.39
07-10-08	ID# CK#	U.S. Postmaster Muscatine, IA 52761	Postage for fundraising mail.	210.00
07-14-08	ID# CK#	Pay Pal San Jose, CA	Fee for donations via Pay Pal.	9.33
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1946.64
TOTAL (if last page of this schedule)				\$ 1946.64

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(l).)

Page 1 of 1

(for Schedule B)

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

0242  
IA ETHICS AND  
CAMPAIGN DISCLOSURE  
pm 7-15  
2008 JUL 17 AM 10:19

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect Robert E. Howard

**IMPORTANT:** Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC  
(11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Robert E. Howard

Political Party (if applicable)

Republican

Office Sought

Iowa House

District (if Senate or House)

80

<b>FORM</b> <b>DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE</b> <b>REPORT</b>
<b>For Office Use Only</b>	
Comm. #	1718
Logged In	
Scanned	
Computer	WPS DV
Audited	5-26-09
7 pages	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Signature of Person Filing Report  
SIGNATURE OF PERSON FILING REPORT

563-299-4677  
TELEPHONE

7-15-08  
DATE SIGNED

I AM FILING A May 27th to July 14, 2008

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the  
committee. This amount **MUST** be the same as the cash on hand at the end  
of the last reporting period or must be zero if this is first report filed.)

\$ 7,032.69

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

3,420.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 10,452.69

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

1,946.91

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 8,505.71

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 400.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect Robert E. Howard

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
06-17-08	ID# CK#	Robert K. Leech 2015 Mulberry Ave Muscatine, IA 52761		\$25.00	<input checked="" type="checkbox"/>
06-17-08	ID# CK#	Paul J. Stych 1222 Vista Ct. #1 Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
06-17-08	ID# CK#	Jay D. Becker 1414 Cedar St. Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
06-19-08	ID# CK#	Sally Ann Stiles 1215 Mississippi Dr. Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
06-19-08	ID# CK#	Amy A Kraushaar 1737 Arbor Oaks Dr. Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
06-19-08	ID# CK#	James Hahn 900 West Fourth Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
06-21-08	ID# CK#	Edwin H. Siering 2905 Termini Dr. Muscatine, IA 52761		200.00	<input checked="" type="checkbox"/>
06-21-08	ID# CK#	Jay McKee 2124 Fareway Dr. Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
06-22-08	ID# CK#	Dyann E. Roby 2208 Oak Valley Dr. Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
06-24-08	ID# CK#	Grace E. King 2485 Mulberry Ave. Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 550.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect Robert E. Howard

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
06-24-08	ID# CK#	Allen R. Harvey 2206 Oak Valley Dr. Muscatine, IA 52761		\$200.00	<input checked="" type="checkbox"/>
06-24-08	ID# CK#	Madeleine Eagle 2505 Mulberry Ave. Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
06-24-08	ID# CK#	David M. Utley 520 Woodland Way Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
06-25-08	ID# CK#	Betty A. Bright 2007 Mulberry Ave. Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
06-25-08	ID# CK#	Carl Tieke 504 E. 11th. St. Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
06-25-08	ID# CK#	Gilbert R. Dietz 2236 Fairway Dr. Unit 101 Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
06-28-08	ID# CK#	Donald T. Mead 2220 Stonebrook Dr. Muscatine, IA 52761		100.00	<input checked="" type="checkbox"/>
06-30-08	ID# CK#	Jerry L. Coffman 907 Sunrise Cr. Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
06-30-08	ID# CK#	Sara D. Phelan 109 Deerpath Lane Muscatine, IA 52761		100.00	<input checked="" type="checkbox"/>
06-30-08	ID# CK#	Nancy J. Hendricks 4 Geneva Dr. Muscatine, IA 52761		100.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 700.00

**TOTAL (if last page of this schedule)**

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect Robert E. Howard

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
06-30-08	ID# CK#	Jeffrey A. Kaufmann 2125 Old Muscatine Rd. Wilton, IA 52778		\$100.00	<input checked="" type="checkbox"/>
06-30-08	ID# CK#	Paul Wedel 2108 Skylane Dr. Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
06-30-08	ID# CK#	Jessica M. Ingstad 1924 Wildwood Lane Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
07-01-08	ID# CK#	Terry Mitchell 2116 Fareway Dr. Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
07-03-08	ID# CK#	William Parks 301 Iowa Ave. Ste 204 Muscatine, IA 52761		200.00	<input checked="" type="checkbox"/>
07-09-08	ID# CK#	Cynthia Maeglin 315 Woodcreek Ln Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
07-09-08	ID# CK#	Diana M. Gradert 707 Maple Ct. Wilton, IA 52778		100.00	<input checked="" type="checkbox"/>
07-09-08	ID# CK#	Judith A. Harvey 2206 Oak Valley Dr. Muscatine, IA 52761		300.00	<input type="checkbox"/>
07-11-08	ID# CK#	Daryl L. Werner 104 Division St. Fruitland, IA 52749		150.00	<input type="checkbox"/>
07-11-08	ID# CK#	Judith A. Harvey 2206 Oak Valley Dr. Muscatine, IA 52761		500.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1525.00	
TOTAL (If last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect Robert E. Howard

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
07-14-08	ID# CK#	John Witte 913 W. 3rd St. Muscatine, IA 52761		\$20.00	<input type="checkbox"/>
07-14-08	ID# CK#	Bob Estabrook 1924 N. Mulberry Ave Muscatine, IA 52761		50.00	<input type="checkbox"/>
07-14-08	ID# CK#	Leslie Soule 2638 Canterbury Rd Muscatine, IA 52761		25.00	<input type="checkbox"/>
07-14-08	ID# CK#	Mary Frieden 72 Boston Park Muscatine, IA 52761		50.00	<input type="checkbox"/>
07-14-08	ID# CK#	Eric J. Thomsen 2196 N. Hill Rd. Muscatine, IA 52761		100.00	<input type="checkbox"/>
07-14-08	ID# CK#	Robert Bahn 2805 Termini Dr. Muscatine, IA 52761		100.00	<input type="checkbox"/>
07-14-08	ID# CK#	Dennis Tripp 2238 Oak Tree Rd. Muscatine, IA 52761		150.00	<input type="checkbox"/>
07-14-08	ID# CK#	Duane Wherry 2430 West Fulliam Muscatine, IA 52761		100.00	<input type="checkbox"/>
07-14-08	ID# CK#	Bill Mark 105 E. 7th St. Muscatine, IA 52761		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 645

**TOTAL (If last page of this schedule)**

\$ 3420.00

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 4 of 4  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM



## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect Robert E. Howard

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
06-19-08	ID# CK#	U.S. Postmaster Muscatine, IA 52761	Six months box rental.	\$ 19.00
07-01-08	ID# CK#	O.P. Printing 2610 Park Ave. Muscatine, IA 52761	Printing of fundraising invitations.	48.90
07-01-08	ID# CK#	Robert E. Howard 802 Iowa Ave. Muscatine, IA 52761	Reimbursement for plastic bags and metal poles for signs.	615.02
07-03-08	ID# CK#	O.P. Printing 2610 Park Ave. Muscatine, IA 52761	Printing of political brochures.	1044.39
07-10-08	ID# CK#	U.S. Postmaster Muscatine, IA 52761	Postage for fundraising mail.	210.00
07-14-08	ID# CK#	Pay Pal San Jose, CA	Fee for donations via Pay Pal	9.60
	ID# CK#	<i>See Amended Schedule</i>		
	ID# CK#			
SUB-TOTAL				\$ 1946.91
TOTAL (if last page of this schedule)				\$ 1946.91

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)



FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect Robert E. Howard

<b>SCHEDULE</b> <b>E</b> (Rev. 06/97)	<b>IN-KIND</b> <b>CONTRIBUTIONS</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
06-27-08	Osama K. Shihadeh 1729 Arbor Oaks Dr. Muscatine. IA 52761		Food for fundraiser	\$ 350.00	<input checked="" type="checkbox"/>
07-10-08	Jerry L. Coffman 907 Sunrise Cr. Muscatine, IA 52761		Fee for typing reports.	50.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 400.00

TOTAL (If last  
page of this  
schedule) \$ 400.00

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)